## Insurance Proposal Form (Owner Packed Goods)

| Name |  | Reference |  | Destination |  |
| :--- | :--- | :--- | :--- | :--- | :--- |

## 1. Select your cover

## All Risks including damage, Cover A

Charged at 5\% of the Total Value, subject to IPT at the current rate

## Loss \& Theft Only, Cover B

Charged at $3.5 \%$ of the Total Value, subject to IPT at the current rate

## If Type of Cover is not selected above 'Cover A' will apply

The following categories are specifically excluded: Bonds, Securities, Stamps, Manuscripts, Documents, Electronic Data, Plants, Perishables, Furs exceeding £100, Jewellery, Watches, Precious Stones and Metals, Money, Coins, Deeds, Animals, Birds or Fish

## 2. Value your goods

| INDIVIDUAL BOX/PACKAGE/CASE VALUES |  |  |  | LIST ANY ITEM WITH A VALUE OVER £250 <br> (All Fragile/Electric items with replacement values over £250, and Bicycles over $£ 750$ must be crated/ply cased in order to be insured) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Number | Value (£) | Number | Value (£) | Item | Box number | Item value <br> (£) |
| Box 1 |  | Box 11 |  |  |  |  |
| Box 2 |  | Box 12 |  |  |  |  |
| Box 3 |  | Box 13 |  |  |  |  |
| Box 4 |  | Box 14 |  |  |  |  |
| Box 5 |  | Box 15 |  |  |  |  |
| Box 6 |  | Box 16 |  |  |  |  |
| Box 7 |  | Box 17 |  |  |  |  |
| Box 8 |  | Box 18 |  |  |  |  |
| Box 9 |  | Box 19 |  |  |  |  |
| Box 10 |  | Box 20 |  |  |  |  |

Run out of space? No problem! You can include the details on a separate sheet of paper and include it with this form.
Unless individual box values are declared on this form, settlement of any future claim will be calculated on pro rata basis.

## 3. Total combined box value: <br> £

I confirm that this proposal form shall form the basis of the Mover accepting transit insurance in accordance with The Shipper's Summary of Insurance available on our website or upon request, which I have read and understood. I realise that any item not declared on this form will be limited as per clause 8 of the Terms and Conditions.

I Confirm that by ticking the box selecting "Cover B" that my personal effects will not be covered for damage or breakage during the whole removal process.

| Signed | Print Name | Date |
| :--- | :--- | :--- |

